



# Milwaukee County

## Commission on Aging

### State Budget Priorities 2021-2023 Wisconsin Biennial Budget

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This year the state budget will be developed in particularly difficult circumstances. The COVID-19 pandemic has affected Wisconsinites in profound ways, causing thousands of premature deaths, taxing the healthcare system, and reducing economic growth and opportunity. Perhaps no population group has been more affected than older adults in Milwaukee County, who face not only disproportionate risk of severe infection and mortality from COVID-19, but the continuing trauma and deprivation of systemic racism. In addition to its devastating health and economic effects, the pandemic and our public health response has forced older adults to become more isolated, lonely, and critically ill. Community based intervention strategies will be needed to address the exacerbation of loneliness, disparities in health and long-term care, and economic security concerns that have long challenged many older adults. If there ever was a reason to prioritize the concerns of older Milwaukeeans, this is it.

#### **Public Health and Pandemic Response**

**Background:** Like many direct services, public health is a decentralized, local government service. For almost two decades, local governments have received a decreasing share of state revenue. Public health has been deprioritized, even as Wisconsinites – particularly older adults – have spent a greater portion of their income on health care. Public health departments only receive 8% of their funding from state shared revenues and are reliant on local tax levy for nearly half their budget. When the pandemic occurred, local health departments lacked the resources necessary for a concerted and coordinated response. Tragically, ageism also played a role, as it became apparent that the population most affected were older adults in residential facilities.

**Solution:** Dedicate and double the portion of state shared revenue distributed to local public health departments. Ensure that every health department has a designated emergency preparedness and response coordinator (\$12,500,000). Add five long term care ombudsman to the Board on Aging and Long Term Care to help ensure that residents in all residential facilities have access to a professional advocate (\$500,000). Ensure that funding is allocated to provide continued personal protective equipment, testing, contact tracing, and vaccination prioritizing older adults. Provide funding to the Area Agencies on Aging to address social isolation in the wake of the pandemic (\$500,000).

#### **Aging and Disability Resource Center Reinvestment**

**Background:** Wisconsin led the nation in creating Aging and Disability Resource Centers that serve as one stop information, assessment, and benefit access points for our older adult residents. Milwaukee County established one of the first Aging Resource Centers in the state. In order to assure expansion of Resource Centers statewide, Milwaukee County agreed to formula underfunding that has never been recouped. ADRC's play a central role in providing options counseling, functional screening, and enrollment assistance for Wisconsin's long-term care system (IRIS, Family Care, Partnership, and PACE). Milwaukee County residents enrolled in one of these long-term care programs represent 27.2% of all Wisconsin participants. Yet, Milwaukee County only receives 13.3% of Wisconsin's ADRC allocation.

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Committed to the Independence and Dignity of Older Adults Through Advocacy, Leadership and Service



An additional \$27.4 million in state GPR is necessary to fully support the current operational requirements of ADRCs statewide and to address historical inequities in funding of the Milwaukee County Aging and Disability Resource Centers.

In addition, a number of ancillary services have been added to core ADRC operations. Many of these programs are funded only through state allocations and most have not been adjusted for decades. In order to achieve similar proportionate funding for these ancillary services, an additional \$25 million in annual funding is necessary to support these critical ancillary services, among them: the Elder Benefits Specialist Program, the Dementia Care Specialist Program, and the Caregiver Support Program.

**Solution:** Provide an additional \$27.4 million GPR investment to fully fund the current mandated services performed by ADRCs, and provide an additional \$25 million to account for decades of flat funding and to equalize ADRC services across the state, particularly in Milwaukee County, including:

- Elder Benefit Specialists Statewide: \$2,300,000
- Dementia Care Specialist Funding Statewide: \$3,320,000
- Caregiver Support Programs: \$3,600,000
- Senior Health Promotion Services: \$6,000,000
- Long Term Care Transition Services: \$6,000,000
- Tribal Aging and Disability Resources: \$1,180,000
- Aging and Disability Resource Support Systems: \$2,650,000

### **Medicaid Long Term Care & Funding**

**Background:** Wisconsin has made great progress assisting older adults to age in place and live longer, healthier lives. As the population continues to grow older, more individuals require long term care and support. While Wisconsin's long-term care programs have eliminated waiting lists for publicly funded services, the promise of the right care at the right time has not always held true. There is growing difficulty finding and retaining qualified long-term care workers. While there have been Medicaid "surpluses" in the last several budgets, insufficient funds exist to provide for the needs of all people accessing Medicaid waiver services.

**Solution:** Expand Medicaid coverage under the Affordable Care Act to Wisconsin residents at or below 135% of the federal poverty level to draw down 90% federal Medicaid match and reinvest an estimated \$634 million dollars in revenue savings to adequately fund Wisconsin's long term care system, deliver the high quality services promised under the plan benefits, expand equity of access to meet mental health, transportation, and housing services, and fully fund Wisconsin's COVID-19 testing, immunization and contract tracing program to save older adults and reduce their isolation. (\$634,000 million savings).

### **Milwaukee County Revenue Equity**

**Background:** On many levels, Milwaukee County receives far less from the state of Wisconsin than its taxpayers and businesses contribute. Each year, Milwaukee County's structural budget deficit grows, and each year it is unable to provide the same level of quality services to all of its residents, particularly older adults. The problem is particularly acute for discretionary programs, such as senior centers, which have no dedicated funding source. Staffing in Milwaukee County's Division on Aging has continued to contract, affecting our ability to provide services for our older adult population. At the same time, a disproportionate percentage of Milwaukee County's 200,000 older adults are low-income and/or face systemic discrimination, elevating their need to access public support. Decades of reduced state shared revenue and a prohibition on any new revenue generation has starved the County to the breaking point.

**Solution:** After reducing taxes year after year, Wisconsin state government balanced its own structural deficit on the backs of counties and municipalities, drastically reducing the amount of shared revenue counties receive and eliminating equitable rebalancing. Today, Milwaukee County receives only 45% of the property tax base generated in the county. Increase state shared revenue payments to 2009 levels, reimpose equalization considerations, and grow shared revenue sources by inflation each year, without offset by other revenues. Allow Milwaukee County to impose an additional 1% sales tax on goods and services sold in the County upon approval of a referendum by local residents. Such a tax would generate and additional \$166.3 million for Milwaukee County and its municipalities. (\$35,000,000)

### **Transportation for Older Adults**

**Background:** Milwaukee County's transportation infrastructure is challenged to meet the growing needs of older adults. Fourteen percent of Milwaukee County households do not have a personal vehicle and must rely on alternative transit. Expanded transportation alternatives are needed to allow older adults and people with disabilities to work, volunteer, shop, and socialize. Revenues are needed to adequately fund a transportation infrastructure that allows older adults to meet their daily needs.

**Solution:** Support additional GPR funding that would hold all affected counties harmless from funding cuts through the revised distribution formula.

- Increase funding for public transit (85.20 program) by 3.5% in each year of the biennium to account for continued growth in ridership and costs (\$11.1 million in FY22 and \$15.4 million in FY23).
- Increase funding for specialized transportation (85.21/85.215 program) for residents with disabilities and older adults by 3.5% in each year of the biennium:
  - 85.21 Budget impact: \$1.42 million in FY20 and \$1.97 million in FY21.
  - 85.215 Budget impact: \$39,600 in FY20 and \$54,846 in FY21.
- Support incentivizing coordination among local and state-level transportation systems by providing authority to create cooperative agreements across county boundaries to increase access to services, healthcare, jobs, and recreational opportunities where people live.
- Support an independent advocate for individuals utilizing the Medicaid Non-Emergency Medical Transportation program (\$140,000 in each year of the biennium).

## **Housing and Homelessness**

One of the most common and difficult decisions older adults face is finding housing that meets their needs as they age. Older adults overwhelmingly want to remain in their homes and stay in their communities, but major barriers persist. Lack of affordability, lack of accessibility, discrimination, and lack of appropriate options are among the most pervasive barriers. Older Milwaukeeans spend more of their income on housing and often face trade-offs between covering housing costs or paying for food, medications and other health-related expenses. While Wisconsin's population ages more quickly, the availability of affordable housing for low income seniors has declined. Older adults remain a persistent subset of Wisconsinites facing chronic homelessness. In 2020, 30% of all Wisconsinites in emergency shelters or transitional housing were older adults and 10% were without any shelter.

### **Solution:**

#### **For Older Homeowners**

- Increase the qualifying income limit for the WHEDA property tax deferral loan program that provides loans to qualifying older adult homeowners to help pay for property taxes.
- Establish a \$1,000,000 forgivable matching loan fund for low income older homeowners to add assistive technology, home energy conservation measures, or accessibility modifications.

#### **For Older Renters**

- Provide \$500,000 for the establishment of regional tenant resource centers with housing navigators to provide support to property owners and tenants by addressing housing responsibilities, reducing conflict, and avoiding unnecessary evictions, and to connect older adults with housing options that meet their needs.
- Index the Homestead credit to inflation and increase the income limit to take advantage of the credit to \$55,000.
- Establish a no-interest loan program for landlords making safety and accessibility improvements to affordable rental units with older adult tenants.

#### **For Elders Who Are Homeless or Seeking More Affordable Housing**

- Match 50% of federal low-income tax credits with state housing development tax credits and require the Wisconsin Housing and Economic Development Authority to allocate a dedicated percentage of tax credits to be set-aside for older adult housing in its Qualified Action Plan (\$4 million per annum).
- Require DHS to apply for a demonstration waiver that allows the use of Medicaid funds for intensive case management services to assist MA recipients to obtain permanent housing.
- Implement a "housing first" approach, along with fully funding the recommendations contained in Wisconsin's Interagency Council on Homelessness Statewide Action Plan.

### **Caregiver Support**

1. **Direct Care Workforce:** Wisconsin faces a severe shortage and high turnover of workers providing intimate and critical care and supports for frail elders and people with disabilities – in both residential care and home and community-based settings. Without an available, high quality workforce, Wisconsin will break its promise to care for its elders in the least restrictive setting.

**Solution:** Increase Wisconsin's reimbursement rate for direct care workers.

- Increase reimbursement to provider agencies with direct care workers whose wage categories are less than \$15/hour (personal care, supportive home care, residential and day-program supports, pre-vocational and vocational support workers) to reflect wage stagnation experienced by all low-wage direct care workers and the essential nature of their work.
- Increase the Medicaid rate for all direct care workers to reach \$15.00 per hour.
- Link nursing home reimbursement rates to the actual cost of care. When allocating funds to the Direct Care Nursing Cost Center, the funds must be spent directly on the workforce. Adjust each payment standard annually by the appropriate cost index.

2. **Family Caregivers:** Family and friends constitute the main support system for older adults, including individuals with dementia and other significant healthcare needs. Wisconsin has over 578,000 family caregivers, and nearly 80 percent of these caregivers spend an average of \$7,000 per year on caregiving expenses. Costs associated with caregiving create a significant strain for low-income caregivers who spend their own income on caregiving. Yet State policy does not address caregivers own need for healthcare, employment continuity, professional support, and respite.

**Solution:** Provide incentives, reimbursement, support, and respite to family caregivers.

- Create a tax credit of up to \$500 to reimburse caregivers for out of pocket costs when using their personal resources to care for a loved one.
- Provide working caregivers access to paid family and medical leave.
- Expand the eligibility for the Alzheimer's Family and Caregiver Support Program to households earning 400% of federal poverty level based upon caregiver household size; include respite.

3. **Dementia Care Specialists:** As Wisconsin's population continues to age, the incidence of dementia and dementia related illness will rise. Between 2015 and 2040, Wisconsin's projected population aged 65 and older will grow by 72%. This expected growth rate corresponds to similar increases in the number of people with dementia. Family caregivers often lack the specialized knowledge and supports necessary to understand dementia and appropriately support their loved one.

**Solution:** Dementia Care Specialists in Milwaukee County provide training, and support dementia capable businesses, senior companion services, transportation providers, social service workers, caregivers, and socialization to individuals with dementia and their caregivers.

- Support ongoing funding for the DCS program and expand the program statewide. Add additional Dementia Care Specialists, including a second DCS in Milwaukee County for a total budget request of \$3,520,000 per annum.

### **Health Equity**

**Background:** Both the Wisconsin Collaborative for Health Quality and the Healthier Wisconsin 2020 document widespread disparities in health outcomes and care in Wisconsin. Although Wisconsin ranks high in overall health care nationally, the state performs poorly with respect to disparities. In order to improve health outcomes and reduce disparities, it is necessary to approach health with a comprehensive strategy that includes assessing and improving all determinants of health including access to healthcare, economic and social factors, racial disparities, and the physical environment;

**Solution:** Provide sufficient funding and resources for the Department of Health Services to rebalance inequitable funding formulas that perpetuate racial disparities in Wisconsin's healthcare delivery system. Require DHS to apply for a Medicaid Waiver to create a Community Services Benefit that addresses social determinants of health.

### **Healthy Aging**

**Background:** By 2035, Wisconsin's population of adults over age 65 will almost double to 1.49 million. These population changes, coupled with economic pressures facing the health care system, threaten our ability to provide adequate care to this rapidly-growing population. Wisconsin has been an innovator in researching and creating new evidence-based programs and services to maintain the health and vitality of older adults, while reducing costs and preventing or delaying the need for long-term care. Falls Prevention is a critical component of these evidence-based and engaging program. Wisconsin has one of the highest rates of hospitalization due to falls in the country. Once an older adult suffers a critical fall, their life expectancy is severely compromised.

**Solution:** Provide a \$870,000 budget appropriation each year for healthy aging grants to counties and tribes for fall prevention programming and to support a statewide healthy aging clearinghouse.

### **Broadband Expansion**

**Background:** Wisconsinites have wide variability in their ability to access the Internet. Broadband access has been a critical information and social connection tool during the pandemic. Internet access provides critical connections for older adults to meet health, education, social, and economic needs.

**Solution:** Allocate sufficient funding to provide affordable broadband internet access to older adults and their families no matter where they live and provide technology training and access for older adults through the ADRCs.